

ISSUE SLIP STATEMENT AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E.H.		02/08/01
O.I.P.E. CLASSIFIER		12	7/17
FORMALITY REVIEW	AM	917	08-31-01
RESPONSE FORMALITY REVIEW	CL	1109	11-13-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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LC 922  
 08/31/01  
 861  
 11-14-1